

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

**Office of the Medical Director
Indigent Medications Program (IMP)
Coordinator-Suzane Wilbur
213-509-3967
213-738-2060**

ABILIFY

Client Eligibility Criteria:

Must be a US Citizen or Legal resident alien.
Does not have benefits, e.g., SSI, Medi-Cal, HMO, etc.
May receive General Relief or Interim Funding.
Has no prescription coverage.
Medicare ok.

Bristol Myers Squibb process:

Application good for 90 days. (Reminders will be sent after 60 days.)
Notify BMS if client receives benefits or financial situation changes.

Checklist:

___PAP identifier “Y-PAP” is entered into client’s IS Financial Screen in HMO/PHP field **before entering the PATS prescription** that corresponds to this application.

___MD has completed and signed Bristol Myers Squibb Abilify PAP application Form. Please order a 90 days supply.

___Abilify prescription **for one month’s supply of medication** is entered into PATS. **Make sure the PAP identifier is in the IS prior to entering the prescription.**

___DMH form Authorization for Use or Disclosure of Protected Health Information (PHI) is explained and client has signed. Authorization is filed in client’s chart; do not send to DMH Pharmacy Services.

___Bristol Myers Squibb (BMS) Abilify PAP Application form is explained and client has signed.

Procedure:

___BMS Abilify PAP application form is faxed to Bristol Myers Squibb, **1-866-598-5561**.

___BMS Abilify PAP application form is faxed to DMH Pharmacy Services, **213-637-2550. (Please write MIS# on this copy.)**

___Abilify PAP original application forms are filed in central location in clinic.

___Disclosure is noted on DMH “Account Tracking Sheet” and filed in client chart.